

RANDOM HOUSE  BOOKS



Guilty by Reason of Insanity

Dorothy Otnow Lewis, M.D.

Contents

Cover
About the Author
Title page
Dedication
Author's Note
Acknowledgements
Prologue
Chapter 1
Chapter 2
Chapter 3
Chapter 4
Chapter 5
Chapter 6
Chapter 7
Chapter 8
Chapter 9
Chapter 10
Chapter 11
Chapter 12
Chapter 13
Chapter 14
Chapter 15
Chapter 16
Chapter 17
Chapter 18
Chapter 19
Epilogue
Footnotes
Copyright

About the Author

Dorothy Otnow Lewis, M.D., grew up in New York City. She is a graduate of the Ethical Culture Schools, Radcliffe College, and Yale University School of Medicine. She is a psychiatrist at Bellevue Hospital in New York City, a professor at New York City University School of Medicine, and a clinical professor at the Yale University Child Study Centre. Her studies on violence have been cited in decisions of the Supreme Court of the United States. She is married to Dr. Melvin Lewis, a child psychiatrist and professor at Yale. The Lewises have two children.

To MEL

GUILTY BY REASON OF INSANITY

A Psychiatrist Explores the Minds of Ki

Dorothy Otnow Lewis, M.D.



AUTHOR'S NOTE

When defendants rely on the insanity defense, they open up their entire psychological state to public scrutiny. Where a defendant is requesting that the judge or jury show leniency in the trial or sentencing because the defendant claims to be insane, the State (as representative of the general public) is entitled to examine thoroughly the basis for that request. Invariably the request is grounded in a defendant's psychiatric, medical, and family history. Thus, the records of interviews with defendants, their family members, friends, associates, and doctors are all part of the inquiry into the defendant's psychological state. As such, those records are made a part of the public record, and can be used by the prosecution or the defense in support of or in opposition to the defendant's position. Thus they are in the public domain.

Actual names of defendants were used in this book where the defendant's insanity defense or clemency appeal was part of the public record. Pseudonyms, and changes in geographic locale, were used in a limited number of instances, such as cases involving juvenile defendants, or in instances when I felt that privacy interests needed to be respected.

The case studies described in this book are true, and are based upon my own evaluations. In addition to my own records, I have, when available, consulted the public record, including police reports, newspaper accounts, defendants' statements, witnesses' statements, psychiatric and medical records, and reports of other examiners.

ACKNOWLEDGEMENTS

Without Jonathan Pincus, my partner in crime, there would be no story to tell. Teacher, colleague, superb clinician, and friend, thank you.

I am indebted to Abby Stein who read through an early draft of this book and, in a lovingly ruthless or ruthlessly loving fashion, got rid of whatever she found to be timorous, extraneous, or less than on target.

I am grateful to Leona Nevler, my editor at Ballantine Books, who gently but firmly forced me to grapple with the Shawcross tale, although she knew it would be a painful case for me to revisit. "It will make it a better book," she insisted, and I think she was right. I was flattered that she made few changes in the rest of the manuscript and thereby, for better or for worse, made sure that my voice was heard.

For the past decade, Catherine Yeager and I have worked together closely, not only at Bellevue, but also in prisons from coast to coast. Cathi and I shared many of the adventures recounted in this book, including the Shawcross case and the visit with an executioner. Cathi recalled certain aspects of cases that I preferred to forget, and she insisted I include them. I am eternally grateful to her not only for her help with this book but also for her courage and friendship.

Vanda Henry has been more than my secretary. True, for the past five years she has typed draft after draft of each chapter. But she has done much more. She has formed cordial relationships not only with our patients but also with our death row inmates (who call her collect) and with each attorney with whom we have worked. I treasure her skills,

her graciousness, and her loyalty during especially hard times.

In March of 1997, Cheryl Kissel stole Jonathan Lazear's *New Yorker*. She has confessed. In the "Crime and Punishment" issue she read an article about me and my work and brought it to her boss's attention. When Jonathan Lazear called me to ask if I had ever thought of writing a book about my work, an almost complete *Guilty by Reason of Insanity* lay under Vanda's desk, set aside in favor of more pressing work. I sent the book to him. He liked it. He thought other people would, too. He became my agent. He sold it. All this within eight weeks. Had Cheryl not swiped the *New Yorker*, and had Jonathan Lazear not made that phone call, *Guilty*, would still be stashed under Vanda's desk. Jonathan, am I glad you called!

My husband and children are my biggest fans and severest critics. I am grateful to Luciano, the newest member of our family, for his enthusiasm and encouragement. Eric delights me with his visual take on the book. He sees each chapter as a separate screenplay and shows me possibilities I never before envisioned. Gillian has spent hours with me, listening attentively as I read parts of the manuscript aloud. I have heeded her advice. Thanks to Gillian, rhythms and cadences have been revised and a number of highfalutin phrases were rolled up in yellow paper balls, tossed on the living room floor, and turned into cat toys for Ptolemy.

The years during which this book was written have not always been easy. Without Mel's support, guidance, wisdom, and love the book would not have been completed. I dedicate it to him with love.

PROLOGUE

I never planned to work with violent people, certainly not murderers. I went through medical school in order to become a psychoanalyst. Psychoanalysis, it seemed to me, brought together the most intriguing aspects of art and science; it was the best of two worlds. As a psychiatry resident, when I pictured the future, I saw myself in a private office, seated behind a supine patient, listening and commenting as he struggled to resolve the violent internal conflicts between his id and his superego. That was about as violent as I expected my practice to get.

I never did become an analyst. Instead, a series of unexpected events and serendipitous observations drew me deeper and deeper into the study of violence. And I, neither willing nor able to navigate those depths alone, pulled my dear friend and colleague, Jonathan Pincus, in after me.

Jonathan, a neurologist and my partner in crime for the past twenty-five years, like me, never intended to work with violent patients. When I met him he was a junior faculty member at Yale, dividing his time among teaching, research, and patient care. He had every expectation of continuing his traditional academic way of life. Had anyone told him that twenty years hence he would find himself behind bars at San Quentin in the company of me and a sequence of serial murderers, he would have dismissed the prediction at best as fantasy, at worst, delusion. In fact, when in the late seventies I first convinced Jonathan to examine a group of violent adolescents, I had no idea that the two of us would someday wind up together on death row.

When Jonathan and I began our collaboration, no one thought that neurologic impairment or severe

psychopathology contributed significantly to violence. Furthermore, the study of the effects of child abuse was in its infancy. This book tells the story of how Jonathan and I gradually came to recognize the kinds of neuropsychiatric and environmental ingredients that go into the recipe for violence.

Every so often, usually after we have heard that a colleague has pooh-poohed our work, Jonathan will say, "Dorothy, you ruined my reputation."

My response? "I didn't exactly ruin it, Jonathan. I just changed it."

CHAPTER 1

The secret of working with violent people is knowing when to end an interview. Then again, in certain situations that is not an option. Occasionally, in spite of what seem to be adequate precautions, I find myself alone in the company of a very dangerous person. For example, several years ago I was locked in a room with Theodore Bundy. I had not planned it that way.

The very best setting for interviewing a potentially violent prisoner is one where guards can see everything and hear nothing. Indeed, when I began my interview with Mr. Bundy, that was the setup. He and I were locked inside a room, adjoining the administrative area of the Florida State Penitentiary at Starke. One side of the room, the side with the door through which we entered, had a large pane of soundproof glass that looked like a picture window; the other three walls were solid concrete. A guard was posted just outside the glass where we could see him and he could see but not hear us. He stood in a common area, surrounded by two or three administrative offices and another glassed-in interview room. The doors to the offices were open, and I could see people inside, working behind their desks. I was perfectly safe. Every so often someone came into the common area to fill a mug from a coffee urn, which was always full and hot.

The room, small to begin with, was further cramped by the presence of a rectangular wooden table that filled almost the entire space. Mr. Bundy and I sat across from each other, our chairs pushed up against opposite walls. He had taken the chair nearest the door and had managed to angle his seat so that he could keep an eye on me and also

keep track of the guard's movements beyond the glass. I was obliged to take the one remaining chair jammed up against the far wall of the cubicle. I would have felt trapped were it not for my clear view of the guard and his clear view of me. There was nothing to worry about. I relaxed and focused my attention entirely on Mr. Bundy and the task at hand. Once an interview is under way, I am oblivious to my surroundings.

We had been talking since nine o'clock and, in spite of the deliberately fat-filled, death row breakfast that I try to consume in order to keep going for hours, my stomach had started to rumble. This tendency of my gastrointestinal tract to make its needs known has been an embarrassment since high school. I looked at my watch. It was a little after twelve noon. Time for a candy break. (Jonathan and I have learned the folly of leaving prisons in order to get lunch. It can take hours to get back inside.) I turned from Mr. Bundy, on whom my attention had been riveted, and tried to catch the eye of the guard to unlock the cubicle so that I could get to a candy machine. The guard was gone. Not only was he gone, but everyone else who worked in the surrounding offices had also disappeared. They had all gone to lunch. It took me a few seconds to realize that I was alone, locked in a soundproof room, with a man who had murdered more than two dozen women. I was not happy.

I turned my attention back to Mr. Bundy. "You were saying?" To this day, I do not recall much of what he was saying; I do remember trying to remain calm and appear attentive. If Mr. Bundy knew the guard had left, he kept the knowledge to himself. I have no idea exactly how long I was alone with Theodore Bundy. It could have been an hour; it could have been a few minutes. I never saw the guard leave. I do know that, during the ten or fifteen minutes between the time I looked up and realized that the area was deserted and the time the guard ambled back to his position on the other side of the glass, I was a very good listener. I

limited my responses to nods, friendly grunts, and the occasional monosyllable necessary to help the conversation along. Only one of Mr. Bundy's statements during that period of time remains with me: "The man sitting before you never killed anyone." During a previous interview with him, Theodore Bundy had described to me in detail several of the murders he had committed. I made a clinical decision: I chose not to point out the discrepancy between our two interviews. Alone in a room with a serial killer is neither the time nor the place to quibble about inconsistencies.

I used to be relatively fearless. I did not think twice about interviewing violent people all by myself. I figured, if I didn't threaten them, they would not hurt me. As I reflect on this patently idiotic assumption, I like to think that it is experience and not just middle age that has made me more cautious. I have learned a lot from the rogues gallery Jonathan and I have seen. Books can tell you how to interview, what kinds of questions to ask; supervisors and instructors can provide advice; but there's nothing quite like delinquents and criminals to teach you about talking with violent people. Timing matters.

I remember one of my first teachers. He was neither a serial murderer nor even an adult. He was a repeatedly assaultive adolescent boy who, because of his violent acts, was incarcerated in the secure unit of a juvenile correctional institution in Connecticut. The two of us were alone in a small room, just off the main corridor of the unit. There were no guards or picture windows. I don't recall exactly what we were discussing—whatever it was seemed to be making the boy increasingly agitated. Nothing I said made him comfortable, and long silences made things worse. When he could no longer sit still, he began to walk back and forth along the far wall of the room, opposite the door. My chair

was nearest the exit. As his pace quickened, he mumbled to himself and began to punch his right hand into his left.

I rose from my chair and scooped up my papers. “I think we’ve talked enough for one day. Let’s stop now and talk again tomorrow. Maybe next week.” I tried to sound casual as I slowly inched my way toward the door. I turned the knob gently, opened the door, and slipped out. The boy followed me. I could feel him behind me. The next thing I knew, I heard a sharp crack behind me, like the sound of a thick branch splitting. I wheeled around in time to see another inmate, who had been walking down the corridor, minding his own business, and who happened to be passing our way, fall to the floor. I was dumbstruck. Had I not ended our meeting when I did, I surely would have been the one on the floor with a broken jaw. When I was able to speak, I asked simply, “Why did you do that?”

“He called me a motherfucker,” came the instantaneous reply.

No one had said a word. Nevertheless, the boy was convinced he had been insulted. In this case (as subsequently with Theodore Bundy), I did not challenge his perception. With any luck, I would have time later on to explore what had happened and why. Jonathan and I have learned never to argue with paranoid misperceptions. It doesn’t work. Paranoia—the unwarranted sense that one is being threatened, endangered, disrespected—is probably the most common symptom fueling recurrent acts of violence. Jonathan and I have found that this is as true of violent juvenile delinquents as it is of violent adult criminals. This does not mean that most violent people are schizophrenic. As Jonathan and I teach our trainees at Georgetown and Bellevue, paranoia is characteristic of almost any neuropsychiatric disorder: schizophrenia, mania, depression, brain damage, seizures, alcoholism, senility, and more. It can emerge whenever something goes awry in the brain. Paranoia must have strong survival value. Doctors

who fail to appreciate this basic psychiatric truth get hurt; some wind up dead.

Fortunately, most prisons allow lawyers to sit in on diagnostic interviews with inmates. The presence of another person in the room, while not diminishing paranoia, helps keep rageful feelings and violent behaviors in check. There are other advantages than just safety to having a lawyer at interviews. Jonathan and I insist that the lawyers with whom we work observe what happens in our interviews: what we do, what we say, what we see, and what we hear. Some of the phenomena that come to light are so unusual, so bizarre, that they must be seen to be believed.

Prisons in Georgia, we have discovered, are different. In Georgia, defense lawyers are not allowed to be present during psychiatric evaluations of inmates. At least that has been our experience at the state penitentiary.

Once, when I came to Georgia to examine a young man on death row, although the lawyer was not allowed to join me, the prison offered to station a guard inside the room during the interview. This was obviously unacceptable. No inmate will tell you much about his feelings or symptoms, much less about a murder he may have committed, with a prison guard breathing down his neck. On that occasion I decided to ignore my own basic rule of safety, and I met alone in a locked cell with the condemned boy. The inmate had been a juvenile when he was tried and sentenced to death. His victim, as I recall, was a violent, abusive relative. Otherwise, compared to most of the death row inmates we have seen, the boy's record was pretty clean. People who do in family members tend, for the most part, not to be indiscriminately violent. In fact, it was hard to understand why this particular young man had been sentenced to death in the first place. I had seen far more dangerous delinquents at the correctional school in Connecticut. It would take me years to appreciate the fact that the trial lawyer has lots more to do with who gets The Chair than does the nature of

the crime. Anyway, I felt pretty safe with the young inmate; therefore, with only mild trepidations, I met alone with him.

The interview went smoothly. In fact, as I recall, neither of us felt any uneasiness until I asked a question about discipline at home. Reluctantly, the young man revealed some of his stepfather's favorite punishments.

"He used to make us do the dead cockroach."

"The dead cockroach?"

"He made us lie on the floor on our backs with our bare feet in the air. We had to stay that way. It seemed like hours. If your feet started to go down, he would beat you on the soles with a switch."

Anyone facing execution can be expected to exaggerate, if not downright lie. I was skeptical. I needed proof. Therefore, I asked the young man to remove his shoes and socks. I looked: the soles of his feet were covered with scars.

In the course of the interview, I learned that the boy's father had also beaten him on the buttocks repeatedly and mercilessly. Sometimes he drew blood. Those kinds of punishments constitute possible mitigating circumstances. But in this boy's case, the issue of child abuse had never been raised, either during his trial or at the time of sentencing. It might not be too late to introduce this information on appeal, but I needed more objective evidence of it.

When a physical examination is necessary, an attorney can act as chaperone. But in Georgia, attorneys are banished from evaluations. The likelihood that anyone else would try to verify this history of abuse prior to the boy's execution was remote. On the other hand, I did not generally perform physical examinations on the backsides of murderers while locked up, alone with them, in dimly lit cells. I had to decide: safety and modesty versus documentation and mitigation. Then and there, in the dim light of the cell-cum-examining room of the Georgia State

Penitentiary, the boy lowered his prison-issue drawers, I had no camera, but I did my best to draw a diagram of the shiny, faded, white scars that criss-crossed the flesh of his buttocks. Neither of us was embarrassed. On death row, modesty is a luxury no one can afford.

My next case in Georgia involved the psychiatric evaluation of a notorious serial murderer. Accounts I had read of his crimes indicated that I shared certain physical attributes with his victims. In that case, when the warden refused to allow the man's attorney (or anyone else except a guard) in the cell with me, I demurred. I was forced to examine him in a dark visitor's area, separated by a dense screen and unable to see or hear very much. I had broken a rule once before in Georgia; I had allowed myself to be locked in a room alone with the condemned boy with scars on his feet and buttocks. I had examined his bare behind and gotten away with it. In the case of this serial killer, I was not about to push my luck.

Over the past twenty years, Jonathan and I have come to realize that, if studying homicidal individuals is a science, communicating with them is an art. To do the former requires the latter. Anyone who would do research on murderers must, therefore, master the art of talking with them. The following are essentials: (1) the temperament to avoid locking horns; (2) the restraint at crucial moments to keep one's mouth shut; (3) the sensitivity to discern when to break a silence; and (4) the intuition to sense when to end an interview. The last is the most important. Failure to master it could cut short an otherwise promising career in the field of violence research.

I like to watch Jonathan interview a murderer. He conveys a quiet confidence. His body language says, "I won't hurt you. You won't hurt me. We have work to do together." Adopting this posture is hard for many men; in my

experience it comes more naturally to women. I suspect that some of the same biological and societal factors that make men, as a group, about nine times as homicidal as women also explain the greater difficulty some male doctors have relating to violent men. Men are more confrontational. They don't like to have the wool pulled over their eyes. When faced with a violent criminal, they need to establish from the outset just who is boss. Unfortunately, many repeatedly violent inmates have had more than their share of difficulty with bosses. In fact, a fair proportion of their victims have either been bosses or have been perceived as such. One need look no further than recent newspaper accounts of the behaviors of disgruntled postal workers and fast-food chain employees for confirmation of this fact of life. A diagnostic interview with a murderer is just not the right setting in which to rekindle these kinds of unresolved conflicts. Besides, interviews are not contests and there can be no bosses. Good interviews are collaborative; the minute an inmate senses competition, the collaboration ends.

No psychiatrist, male or female, likes to be fooled. On the other hand, violent felons do not have a reputation for candor. Certainly no psychiatrist in his or her right mind believes everything a violent inmate says. Women are just as likely as men to recognize contradictions and confabulations. The difference is, men are more likely to confront them head-on. Women wait and listen. We don't forget; we simply hold off until the time is right to address them. Suppose, for example, that, as I sat alone with Theodore Bundy, I had confronted him with the discrepancies between his stories: "But, Mr. Bundy, last time I talked with you you told me you had killed . . ." Not a good idea. Based on the years I worked on his case, not a good idea at all.

There are excellent reasons other than just safety for mastering an inquisitive, not an inquisitorial, style. For one, not all inconsistencies reflect lying. In the case of

murderers, there are usually numerous psychiatric and neurologic reasons why memory may fluctuate and stories may vary. If Jonathan and I always dismissed memory lapses and contradictions as lies, we would overlook valuable clues to the nature of many violent acts.

I would characterize my own style of interviewing murderers as matter-of-fact. To that extent, it differs little from my style with any other patient. I roll up my sleeves, literally and figuratively, and plunge into the task of trying to understand. I am in no hurry. It takes more than a couple of hours to understand another human being.

At the start of our interviews, both Jonathan and I try to stick to pretty ordinary, non-threatening questions. Where were you born? Who raised you? What was school like for you? We ask in detail about medical problems, accidents, injuries, illnesses. They matter. There will be lots of time later to explore more charged topics like feelings, attitudes, temper, and, of course, inconsistencies. We usually leave the topic of murder for late in the interview. Violent offenders need lots of time to decide whether or not we can be trusted with this kind of information. We can wait.

After two decades of working together, our interviewing styles are remarkably similar. We have shared our knowledge and expertise so often that we can no longer be certain exactly which aspects of the interview each of us contributed. However, if our clinical approaches are similar, our philosophical positions are not.

My own way of perceiving myself vis-à-vis the rest of the world was clarified for me years ago, on a train from New York City to Cambridge, Massachusetts. I was returning to college, and my father had bought me a seat in a parlor car. There I found myself seated next to Paul Tillich, the theologian and Harvard professor. He was a friendly man (especially to Radcliffe students, I would learn years later from his *New York Times* obituary). We struck up a conversation. To my surprise, I discovered that his daughter,

Miss Tillich, had been one of my English teachers. When I was in high school I had never heard of Paul Tillich. I learned it at Radcliffe, where everyone knew his name.

Paul Tillich and I talked nonstop from New York to Boston. We talked about the Ethical Culture Schools (where his daughter taught), about mysticism, about religion and philosophy. When we couldn't get a cab, we lugged our suitcases to the subway and took the MTA into Cambridge together. Along the way, we somehow got onto the subject of witches. Professor Tillich introduced the topic.

"When you read about witches being burned at the stake, do you identify with the witch or with the people looking on?" he asked.

"The witch," I replied instantly. I didn't tell him that in my mind I also walked into the gas chambers at Auschwitz and up to the gallows at Nuremberg. In seventh grade, when I read *A Tale of Two Cities*, Madame Defarge knitted and watched the guillotine come down on my neck.

"How about you?" I asked.

"The crowd, of course," came his response. I never found out why. Paul Tillich asked me to call him and we would go out to lunch together, but a week later, when I did, he had forgotten who I was. I did not forget him, nor did I forget his question.

Jonathan, I think, is more like Paul Tillich. He identifies with "the crowd," with society at large. He, like most people, is confident of his ability to control his own actions. I think he is even a bit critical, maybe suspicious, of anyone who can't. Hence we do not always see eye to eye.

Jonathan has few misgivings about the death penalty. I should amend that statement. When we started our work together on death row, he had no qualms whatsoever. Only after he evaluated a man on death row in Starke, Florida, who he was convinced was innocent, did he start having second thoughts. (I thought the man was guilty as hell.)

But by and large, Jonathan has always been concerned most for the public's safety. Jonathan does not worry that some day, in a fit of rage, or during a nightmare, he himself might kill someone. He trusts his central nervous system. He worries rather that some day his testimony on behalf of a brain-damaged murderer might loose upon society another Jack the Ripper. Suppose that person goes free and kills again? Then, Jonathan feels, the blood will be on his hands. Jonathan cannot live with that possibility.

I, on the other hand, am haunted by the prospect of condemning to death a person whose upbringing and brain function have made it hard, if not impossible, for him to control his acts. Granted, the person may be a menace. I have no problem locking him up forever in a humane place and throwing away the key. Until we know how to treat such individuals, the public must be protected.

Whenever Jonathan and I debate these issues, neither of us will budge. Our relationship reminds me of Peter Medowar's description of Reverend Smith and the Edinburgh housewives.* Reverend Smith, while perambulating the streets of Edinburgh, overheard a vehement argument between two housewives. When Smith looked up, he saw two women leaning out of their windows, shouting at each other across the narrow street that separated their buildings. Turning to his companion, Smith commented, "They can never agree, for they are arguing from different premises." That's us.

I am convinced that our different perspectives are in part biologically determined. Because of the inordinate length of time it takes me to finish a book, my tendency to spill coffee and bang into the corners of coffee tables, and my inability to perform well half the neurologic tests in Jonathan's repertoire, I find myself identifying with the poor miscreants whose damaged brains and traumatic upbringings have somehow landed them behind bars.

Recently, because of excruciating pain in my neck and arm, I consulted an orthopedic surgeon. He spent a long time studying my X-rays. Finally he spoke. "I see an injury here in the first three cervical vertebrae. It looks like the kind of injury you see in divers who hit the bottom of a pool." He paused. "Were you ever dropped on your head?" he inquired. To the best of my knowledge I was not. But I empathize with those who have been.

Jonathan's allegiances, in contrast, are with "the crowd," the healthy, innocent victims on whom the criminals we evaluate prey. It is no wonder that he does not identify with our misbegotten inmates. First of all, Jonathan reads rapidly. His neck is in fine shape. He is bald, and the fine, rounded shape of his skull reveals that he could never have been dropped on it. And Jonathan can perform skillfully all of the neurologic tasks he requires of others. He can touch his finger to his nose with his eyes closed; balance for days on one foot; depress the lever of a tapping machine with his right and left index fingers dozens of times in ten seconds; he skips flawlessly. In fact, one of my only pleasures on a trip to death row is watching Jonathan try to teach a neurologically impaired murderer to skip. Guards in Texas and Florida gawk in wonder as they watch this six-foot-two professor prance gracefully around the examining room. Moreover, he has the sangfroid not to feel ridiculous doing it. We are very different from each other, Jonathan and I. That may be why we are a good team. I keep Jonathan in touch with the vulnerabilities of our violent patients; he keeps me in touch with the consequences of their acts.

CHAPTER 2

People ask me how I wound up on death row.

Once, in a maximum security prison, a guard approached me. “Ma’am, can I ask you a question?” Guards, especially in the South, can be very polite.

“Sure.”

“Ma’am, how come you’re . . .” he paused, looking from me to the large shackled figure, shuffling toward me. The death row inmate I was about to interview had decapitated one of his female victims, an act that had led to his own current precarious hold on life.

“How come . . . I mean, why do you come to talk with them?” He nodded in the direction of the hulking figure moving in my direction.

“You mean, what’s a nice girl like me doing in a ‘joint’ like this?”

He didn’t get it.

Another time I was lecturing about our research on violence at a scientific symposium. I was nervous. I am used to presenting our work at psychiatric meetings. I know what to expect: the audience and I speak the same language. But I had no idea what kinds of questions this group of basic researchers would throw at me. The moment I finished the talk, a hand went up toward the back of the room. I nodded in that direction. A man rose—an academic type, tweeds, beard, hornrims. He strode toward the microphone in the center aisle.

“Doctor Lewis,” he began. The voice was low and confident. When this man spoke, people listened.

“Doctor Lewis,” he repeated, “I am a statistician by trade.” My heart sank. I am a clinician. I waited to be told

that the statistics of the study I had just presented were in error, that I had used too many variables for the number of subjects in the study, that I had conducted a multiple regression analysis when it obviously should have been a log linear analysis.

“Doctor Lewis.” This academic seemed to enjoy repeating my name and watching me squirm. “How is it that a . . .” (he paused, seeking the proper words) “that a . . . petite woman like you, that a child psychiatrist, came to work with such violent individuals?”

My husband, an Englishman and a psychoanalyst, has put the question more pithily. On more than one occasion, as he has watched me trundle off to death row, briefcase slung over one shoulder, large black canvas bag weighing down the other, dragging a carry-on behind me, he has called out, “Dorothy, with two basic drives, how come you chose to study aggression?”

I have asked myself the same question. Certainly when I entered medical school, had anyone even suggested that I would someday spend a fair proportion of my waking hours behind bars, in the company of rapists and murderers, I would have thought the notion delusional.

I never intended to work with violent patients. I expected to become a psychoanalyst. As a premed student in college, I wrote my physics term paper on the influence of physics on Freud. I was flabbergasted when Professor LeCorbusier liked it. I’m sure he had never before had anyone turn in a paper quite like mine. My senior thesis was about Freud and the poet Valéry. It asked: who influenced whom?

Medical school was a lonely experience. French majors and biochem majors are rarely on the same wavelength, and I was surrounded by a forest of tall, blond biochem majors. One way I coped with my loneliness was to embark on my own psychoanalysis; that way I had at least one

person who was willing to listen to me for an hour (actually fifty minutes) a day. Of course, I had to pay him.

Yale Medical School required a thesis on an original piece of research. The title of mine was: "The Development of an Abstract Design Test to Measure the Capacity for Intimacy." Freud had hypothesized two basic forces operating within human beings: sex and aggression, love and death. I would study the former. I set myself the task of devising a way to assess an individual's capacity to love. I had no inkling then that, twenty years hence, Jonathan Pincus and I would find ourselves periodically locked up on death row together, studying the causes and consequences of the capacity to hate.

Medical school was not my first taste of loneliness. In fact, as far back as I can remember I have always felt lonely. I remember lying in bed at night in the dark, wondering whether the world beyond the four walls of my bedroom was really there. Did it disappear when I turned off the light or closed my eyes? Maybe it materialized just for me each time I opened them. Sometimes I used to try to fool it, to catch the world "disappeared." I would keep my eyes closed and pretend to be asleep, then suddenly open them, expecting to see a void where the world as I knew it had been. Once or twice I am convinced I caught it "disappeared." That's pretty lonely.

I struggled throughout my analysis to understand the source of my loneliness. I know that when I was brought home from the hospital, I received an ambivalent reception. My mother (a former socialist), my father (a former dead-end kid from the Lower East Side of New York City), and my sister, a blonde, blue-eyed (former only child), all looked forward to the birth of a boy. My mother had twice miscarried sons. Not only was I a girl, but also I arrived prematurely and spent my first days of life imprisoned in an incubator. I was scrawny, with dark eyes and a shock of pitch-black hair. I was ugly. This is not false modesty; I have

photographs. Try as my family might, they could not conceal their disappointment. My sister, just four and a half when I came on the scene, had an especially hard time.

If home was not a haven, school was no better. In fact it was worse. I was reasonably intelligent and I worked hard. But the good grades I received, though they pleased my parents, did not endear me to my classmates. They were merciless. One day, as I came in from gym, a girl in my class spat on me. At our twenty-fifth reunion, another girl apologized for saying some pretty awful things in fifth grade. I was grateful to her, but the words would have been more healing had they come four decades earlier.

I frequently admit to my young patients—children who are presently enduring the casual maliciousness of their classmates and siblings—that I would not be a child again for anything in the world. The pain is too intense and, as a child, one is helpless to do much about it. My patients look at me suspiciously. You mean you were picked last for the team? I nod yes. They feel better. I remember sitting on a concrete ledge in Central Park and whispering to myself, “Dear God, please let me be picked second to last, not last.” I must have been something of a believer in those days. My identification with the underdog is no accident.

As a child, I yearned to get even, to destroy my tormenters. At the same time, I wondered what kept me from acting on those homicidal wishes and fantasies. How come some people punched out their enemies, even killed them, while others—like me—walked away, went home, and cried?

I grew up with Hitler. At least it felt that way—he seemed like a next-door neighbor. My mother worked for Youth Aliyah, an organization that rescued children from Hitler’s gas chambers. She raised money to sneak them out of Germany and ship them to safety in Palestine. My mother went to lectures by Goldie Myerson and Aubrey Eban (before they became Golda Meir and Abba Eban) and

brought home the news. She knew (and hence I knew) what went on in the concentration camps of Germany years before the American government and decades before the German people. Remarkable.

Hitler was a source of fascination and fear. How, I wondered, could any human being do the things he did? I shrieked when I saw my uncle chop off the head of a chicken. When the bird appeared later on the dinner table, no one in the family would eat it. How, then, could Hitler torture and kill human beings? There had to be something wrong with him. He had to be crazy. I think I was the only one at school, if not on the face of the earth, who did not rejoice upon hearing of Hitler's suicide. Now I would never know what made him tick. What mysterious forces could turn a human being into a monster? I was convinced, even as a child, that Hitler could not have been born that way. No one could be born that way. I still believe that.

After the war, I listened to the radio and heard about the Nuremberg trials. What confused me most was the fate of the defendants: If it was not all right for the Nazis to kill people, how come it was O.K. to hang the Nazis?

I remember the Rosenbergs.

What really concerned me, of course, was my own fate. Sometimes I couldn't sleep. I would lie in bed, eyes wide open, worrying. How could I be sure that someday I would not do something violent? Then people would want to kill me. Already the kids at school were not too fond of me. From day one, it was clear that my sister would gladly have had me out of the way. She would lure me into her darkened room, then jump out of her lighted closet, shrieking, "The Green Witch will get you!" Once, when I was four or five and frustrated beyond endurance, I ran at her and bit her in the stomach, which was as high as I could reach. How could I be certain that one night, in my sleep, I would not wander into the kitchen, secure a cleaver, and wreak vengeance? Just last week I read an article about several people who actually

did commit murder in their sleep. Lucky I did not know about that when I was small. That information would really have messed me up.

My father's favorite saying was, "There but for the grace of God go I." Well, didn't that mean me? I knew the intensity of my fury. What prevented me from killing someone and winding up dangling from a noose like Goebbels or Goering, or sizzling in the electric chair like the Rosenbergs? I suspect that my need to answer these kinds of questions explains at least in part how I eventually wound up on death row.

I did not expect to marry. My mother was convinced that the combination of my brains, my seriousness, and my predilection for tailored suits, Liberty of London cotton blouses, and black dresses would render me an old maid. When I did start going out on dates (we did that in those days), she would caution, "Do you have to let them know how smart you are?" Her other words of advice: "Shorten your skirts" and "Be a butterfly." I did not know how to sew (nor did she) and hadn't the foggiest idea what it meant to be a butterfly. I knew only, I was not one.

In spite of her misgivings about me, my mother and I were extremely close. In fact, she loved me passionately. I was her favorite, which no doubt sheds light on my relationship with my sister. At night, after my father had gone to sleep, my mother and I would stay up late, talking. Over and over again she would tell me how she had wanted to be a journalist, but she met my father and got married instead. In those days, if a man made a good living, his wife did not work. It did not look right. For her to have worked would have meant to her friends that my father could not support her. That's what she said. Occasionally, when we stayed up late talking, she cried. During one of those midnight conversations, when she was about the age I am now, she

said, a certain determination in her voice, “Don’t do what I did. Have a career.”

I did not shorten my skirts. Nor did I molt. I could not and would not. But I did listen to this last piece of advice. I think her other admonitions were what she thought she was supposed to say. She must have figured that I would not be able to have both a career and a husband. Nobody did. Nobody in her world.

Meeting my husband during my senior year at medical school was not just a surprise, it was a miracle. Melvin Lewis—to my mind the brightest, handsomest, most desirable single male on the psychiatry faculty at Yale—wanted me; me with my long skirts and Liberty of London blouses. Two weeks after our first date we were engaged. When I told my family, they were so astounded and relieved that they failed even to ask if he was Jewish.

When news of my engagement filtered out to my classmates, they too were surprised. The other four women in my class had long since found partners. One of my classmates, a boy I had known since kindergarten at Ethical Culture, accosted me outside the hospital. “I hear you’re engaged to Melvin Lewis. Is it true?” he demanded.

“Yes.”

“Really?” My classmate sounded puzzled. “He’s a great guy. What does he see in you?”

Instantly the old hurt and rage from grade school rose within me. I could have slaughtered him on the spot. Shortly after graduation I learned that he had died in Vietnam, shot down in a helicopter. I was shaken. Since childhood I had worried that my very thoughts could kill. Had I been right? Had my flash of anger at his cruel words done him in? Intellectually, of course, I knew that was not so. Nonetheless it reminded me of the old question that for years had flickered in my mind: Why could I feel homicidal and not kill while others acted on their impulses?

My marriage to Mel and the subsequent birth of our children convinced me that the world probably did exist, even when I closed my eyes. What is more, it was not half bad. Life clearly had improved with age. It does. I tell that to my adult patients who look with anxiety, even dread, upon forthcoming fortieth and fiftieth birthdays. The older we are, the more control we have of our lives, the less buffeted we are by the casual or deliberate maliciousness of those around us. I guess as we mature we also don't need to be loved by everybody—one or two people will do. Still, the question had been planted and remained: Why do some people when hurt or angry, just lose it while others don't?

Back in the lecture hall, as I stood before the scientific symposium, I was not about to share these intimacies with the tweedy statistician in the back of the room: they were none of his business. I smiled at him, then turned to another hand in the audience.